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Revision: HCFA-PM-91-10 (MB) DECEMBER 1991 ATTACHMENT 2.2-A Page 9a

	State	/Territor	y:Pue	erto Ric	0				
Agency*	Citati	on(s)		Groups Covered					
1634(d) Act	of the	Α.	Mand Requ	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)					
			24.	unmarri to the least to effect: are recoff the eligible in the began to eligible title	ed widows, disabled widowers, and disabled ded divorced spouses who had been married insured individual for a period of at ten years before the divorce became ive, who have attained the age of 50, who ceiving title II payments, and who because receipt of title II income lost ility for SSI or SSP which they received month prior to the month in which they to receive title II payments, who would be le for SSI or SSP if the amount of the II benefit were not counted as income, and e not entitled to Medicare Part A.				
					The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.				
					In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.				
					In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in \$1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.				
					In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.				

Not Applicable

*Agency that determines eligibility for coverage.

TN No. 92-10 Supersection No. Revision: HCFA-PM-10 (MB) DECEMBER 1991

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	State/Terri	tory:	Puert	o Ric	0						
Agency*	Citation(s)		Groups Covered								
		в.	Optional (Continue	Group	s Other Than the Medically Needy						
42 CFR 43 1902(e)(2 Act, P.L. (section 101-508 4732)) of the 99-272 9517) P.L.		becamenrol the I in ar 1903(Compeconte have than The I spect this famil	The State deems as eligible those individual became otherwise ineligible for Medicaid we enrolled in an HMO qualified under Title X the Public Health Service Act or while enring an entity described in section 1903(m)(2)(B)(111), (E) or (G) of the Act, Competitive Medical Plan (CMP) with a Medicontract under section 1876 of the Act, but have been enrolled in the HMO or entity for than the minimum enrollment period listed. The HMO or entity must have a risk contract specified in 42 CFR 434.20(a). Coverage this section is limited to HMO services are family planning services described in section 1905(a)(4)(C).							
_					State elects not to guarantee						
-				The	State elects to guarantee eligibility. minimum enrollment period is hs (not to exceed six).						
					State measures the minimum enrollment od from:						
					The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.						
					The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.						
					The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible						

Not Applicable

other than under this section.)

*Agency that determines eligibility for coverage.

TN No. 92-10 Approval Date UCT 14 1992 ffective Date JUL 1
Supersedes
TN No. 92-2 HCFA ID: 7983E

AUGUST 1991

(BPD)

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OMB No.: 0938-Puerto Rico Territory: Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy Continued) 7. Individuals who are in institutions for at 1902(a) (10)(A)(ii) least 30 consecutive days and who are (V) of the eligible under a special income level. Eligibility begins on the first day of Act the 30-day period. These individuals meet the income standards specified in Supplement 1 to Attachment 2.6-A. The State covers all individuals as described above. The State covers only the following group or groups of individuals: Aged Blind Disabled Individuals under the age of--21 20 19 18 Caretaker relatives Pregnant women 8. Individuals who would be eligible for AFDC if 42 CFR their work-related child care costs were paid from 436.220 earnings rather than as a service expenditure by the agency. The AFDC plan deducts work-related child care costs from income to determine the amount of AFDC. The State covers all individuals as described above.

TN No. 92-2 Supersedes Approval		MAY 1	1992	Effective		JAN	1 -	1992
Supersedes Approval TN No. 8-1	Date			Effective	Date			

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ATTACHMENT 2.2-A Page 13

OMB No.: 0938-Puerto Rico Territory: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) The State covers only the following groups or groups of individuals: Individuals under the age of--1902(a)(10) (A)(ii) and 21 1905(a) of 20 the Act 19 18 . Caretaker relatives Pregnant women 436.210 9. <u>X</u> a. All individuals who are not 436.222 described in section DOH 1902(a)(10)(A)(i) of the Act, and who meet the income and 1902(a)(10) (A)(i) of the Act resource requirements of the AFDC State plan and who are 21 years of age, or younger as indicated below: 20 19 18 b. Reasonable classifications of individuals described in (a) above as follows: Individuals for whom public (1)agencies are assuming full or partial financial responsibility and who are: (a) In foster homes (and are under the age of ____). In private institutions (and are (b) under the age of ____). TN No. Supersedes MAY 1 Effective Date JAN 1 - 1992 Approval Date HCFA ID: 7984E

AUGUST 1991

(BPD)

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Puerto Rico

Territory: __ Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) In addition to the group under (C) b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and under the age of ____). Individuals in adoptions subsidized (2) in full or part by a public agency (who are under the age of ___). Individuals in NFs (who are under (3) the age of ____). (4) In addition to the group under (b)(3), the individuals in ICF/MRs (who are under the age of ____). Individuals in psychiatric (5) facilities or programs (who are under the age of ____). (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A. A child for whom there is in effect 1902(a)(10) 10. (A)(ii)(VIII) a State adoption assistance agreement (other than under title IV-E of the Act), of the Act who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement --JAN 1 - 1992 TN No. Supersedes 88-Approval Date MAY 1 1992 Effective Date

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OMB No.: 0938-

Territory: Puerto Rico

Agency* Citation(s)

Groups Covered

- Optional Groups Other Than the Medically Needy (Continued)
 - (a) Was eligible for Medicaid under the State's approved Medicaid plan; or
 - (b) Would have been eligible for Medicaid if the standards and methodologies of title IV-E of the Act for the foster care program were applied rather than using the AFDC standards and methodologies.

TN No.
Supersedes
88-1 TN No. Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

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Revision:	HCFA-PM-91- AUGUST 1991	- 4	(BPD)		ATTACHMENT 2.2-A Page 16 OMB No.: 0938-
	Territor	y:	Puerto Rico)	——————————————————————————————————————
Agency*	Citation(s)			Groups Co	vered
	В.		onal Groups O ontinued)	ther Than t	he Medically Needy
42	CFR		e State cover individuals _ 21 _ 20 _ 19 _ 18		following group or groups ge of
	5.230 <u>X</u>	11.	Essential sp	ouse of a r	ecipient of:
			X OAA	X AB	X APTD X AABD
I	ООН		the well bei or AABD, and	ng of the n his (her) n in determ	and determined essential to ecipient of OAA, AB, APTD, needs are taken into mining the amount of
(A 196 (A 196 196	02)(10))(i)(IV), 02(a)(10))(ii)(IX) 02(1), and 02(1)(4)(B) the Act	12.	described in Supplement 1 income level 185 percent this group.	to ATTACHN (establish of the Fede Supplement	men and infants 102(1) of the Act. 1ENT 2.6-A specifies the led at an amount up to eral poverty level) for 3 of ATTACHMENT 2.6-A standards for this group.

TN No. 92-2
Supersedes 88-1 Approval Date
TN No. 88-1

Effective Date JAN 1 - 1992

(MB)

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ATTACHMENT 2.2-A Page 17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

PUERTO RICO Territory: COVERAGE AND CONDITIONS OF ELIGIBILITY Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) 13. Children: 1902(a)(10)(A) _ a. who have attained 1 year of age but have not attained 6 years of age, with incomes at or below 133 percent of the (i)(VI) and 1902(1)(1)(C) of the Act Federal poverty levels. 1902(a)(10)(A)(i) __ b. born after September 30, 1983, who have (VII) and 1902(1) attained 6 years of age but have not (1)(D) of the Act attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels. Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for these groups.

resource standards for these groups.

Supplement 3 to ATTACHMENT 2.6-A specifies any

NOT APPLICABLE

TN No. 92-4
Supersedes
TN No. 92-3
Approval Date OCT 8 1992
Effective Date JUL 1- 1992

E CHANGE

ATTACHMENT 2.2-A Page 18

MATERIAL SERVICE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory:						
	COVE	RAGE	AND	CONDI	TION	S OF ELIGIBILITY
Citation(s) Groups Covered						overed
		в.		onal tinue		ps Other Than the Medically Needy
1902(a)(10)	•			14.	Ind	ividuals
(A)(ii)(X) and 1902(m)(1) & (2) of the Act					a.	Who are 65 years old or older or are disabled as determined under section 1614 of the Act;
					b.	Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
					c.	Whose resources do not exceed the maximum amount allowed under SSI or under the State's medically needy program.
) 1902(a)(47) and 1920 of the Act				15.	"qu §19	egnant women who are determined by a nalified provider" (as defined in 200(b)(2) of the Act) based on

preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT

2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920

NOT APPLICABLE

of the Act.

TN No. Effective Date JUL 1 - 1992 Approval Date OCT 8 1992 Supersedes TN No.

AUGUST 1991

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OMB No.: 0938-

Territory: _

Puerto Rico

Agency* Citation(s) Groups Covered

C. Optional Coverage - Medically Needy

42 CFR 436.301

This plan includes the medically needy.

___ No.

X Yes. This plan covers:

1902(a)(10) (C)(ii)(II) of the Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the day the pregnancy ends. These women continue to remain eligible, as though they were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(a)(10) (C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. Superse TN No.

Approval Date

1992 MAY 1

Effective Date

JAN 1 - 1992